

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026463

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 303

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 303

1. PLACE OF DEATH
a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON CITYLength of stay in 1b
1 DAYc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL INSTITUTION ST. MARY'S HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY COLE

c. CITY OR TOWN MOREAU TWP.

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
STATE HIGHWAY CReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FLOYD HENRY COX

4. DATE OF DEATH

Month

Day

Year

JULY 29 1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
AUG. 21 18889. AGE (last birthday)
73IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RURAL MAIL CARRIER10b. KIND OF BUSINESS OR INDUSTRY
U.S. POSTAL DEPT.11. BIRTHPLACE (City and state or country)
BUTLER MO12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

BENJAMIN COX

13b. MOTHER'S MAIDEN NAME

AMELIA COWGILL

14. NAME OF HUSBAND OR WIFE

ANNA COX

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
YES WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adenocarcinoma of the Prostate Gland

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/28/62 to 7/29/62 and last saw him alive on 7/29/62
Death occurred at 7:38 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Francis E. Munn M.D. Jeff. City Mo.

23a. BURIAT, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BUTLER AUG. 1 1962

ENLOE CEMETERY

MONTEAU COUNTY MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Schuman Schuman Russellville Mo.

31 July 1962

R. H. Richter, Reg.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No.

4073

P. O. Address

Stoner No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.